

5th – 8th grade
Mt. Vernon Park and Recreation
Girls Volleyball Camp

Name: _____ Incoming Grade _____

Shirt Size (Circle One) YL AS AM AL AXL

Home Phone: _____ Parent
Work Phone _____

Parent / Guardian Consent Form:

I hereby grant permission for my daughter _____ to participate in the Mt. Vernon Park and Recreation Girls Volleyball Camp. I will release the Mt. Vernon Park and Recreation Department, MSD of Mt. Vernon, and all coaches and volunteers from any and all liability during the camp, including injuries and treatment.

Parent / Guardian Signature: _____

Detach above and send with payment

Dates: June 20,21,22

Time: 10:00 –12:00am

Age: Incoming 5th, 6th, 7th and 8th

Place: Mt. Vernon High School Auxiliary Gym
Use Entrance 11

Coaches: Mt. Vernon Volleyball Coaching Staff and Players

Cost: \$35

Make checks payable to Andrea Allford

Mail to: Andrea Allford
11350 Vixen Dr
Evansville IN 47712

Or: Bring to the Mt. Vernon High School Athletic Office or Parks and Recreation
Mt. Vernon Athletic Office 833-2060
Or my home phone at 985-9189